

# Reproductive Health Advocacy Strategies for Sexual Assault Survivors

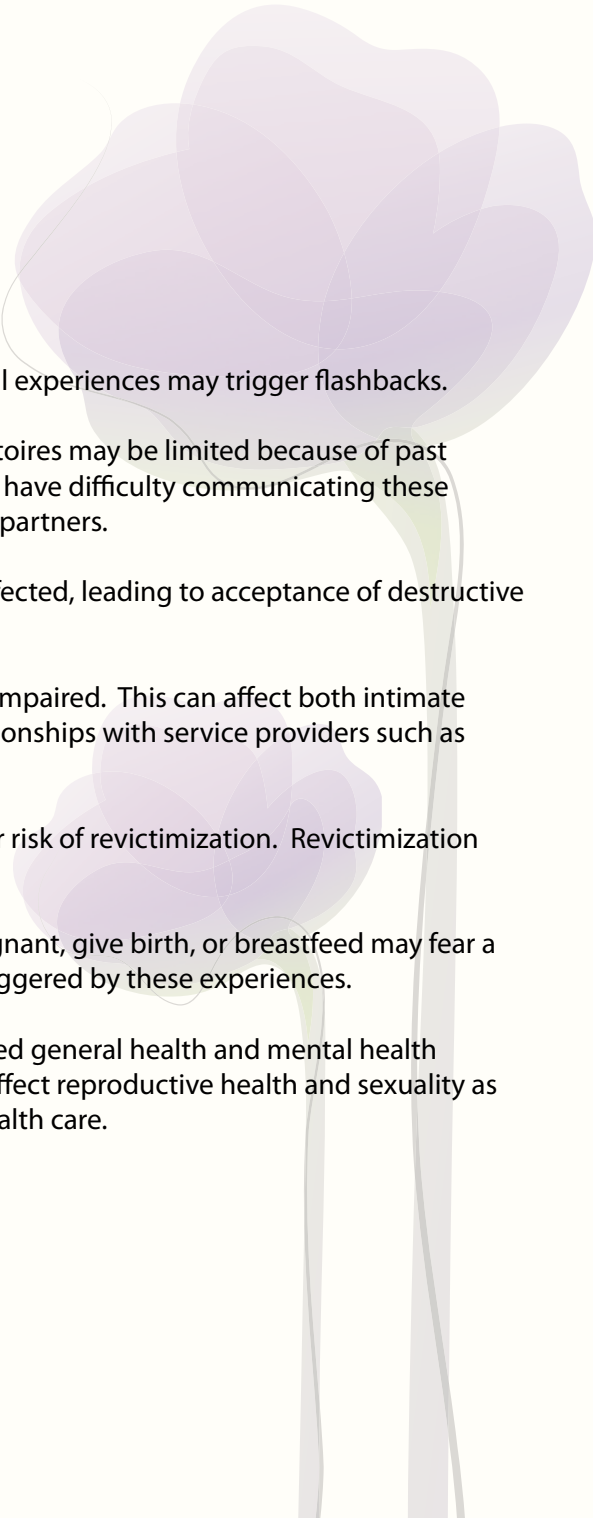
How Sexual Abuse or Assault  
Can Affect Ongoing Reproductive and Sexual Health



**WCSAP**  
Washington Coalition of  
Sexual Assault Programs

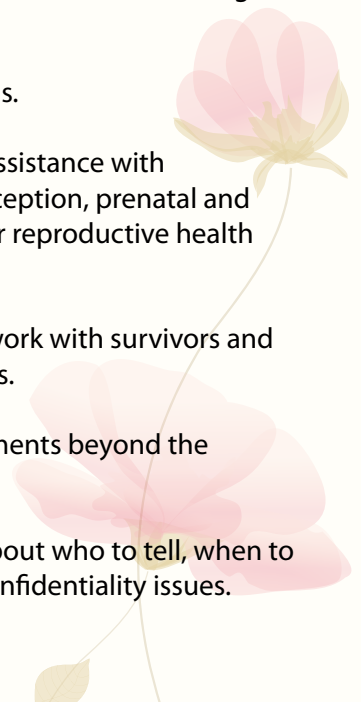
# How Sexual Abuse or Assault Can Affect Ongoing Reproductive and Sexual Health

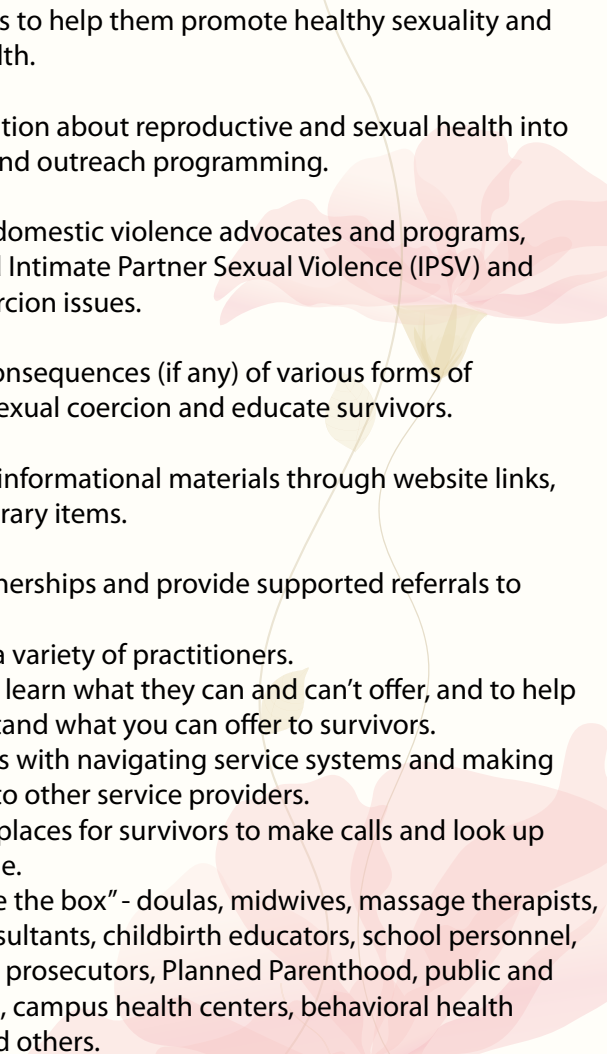
1. Survivors may not believe in their ability to negotiate birth control or safer sex, even if their current partners are not abusive.
2. Survivors may have body aversion and shame - this has an effect on what forms of birth control they are willing to use. For example, some survivors don't want to touch their own genitals, which would interfere with using a diaphragm or checking the strings on an IUD.
3. Survivors may be triggered by many aspects of the medical care setting, and particularly the reproductive health care setting - therefore, they may become very upset or they may avoid even routine health care.
4. Survivors may have numbing and dissociation from bodily sensations, resulting in delayed recognition of health problems or decreased ability to report symptoms.
5. Survivors may be fearful of their own sexual desire or feel disgusted by sexual reactions or satisfaction.
6. Intimate partners who are controlling and coercive in general may also use reproductive and sexual coercion as ways to control their partners.
7. Rates of unintended pregnancy are higher when sexual and reproductive coercion are present. Rapid repeat pregnancy (within 18 months of a previous birth) may also occur.
8. Survivors may not identify reproductive or sexual coercion by an intimate partner as abuse.

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9. Even consensual sexual experiences may trigger flashbacks.
  10. Survivors' sexual repertoires may be limited because of past abusive acts; they may have difficulty communicating these preferences to current partners.
  11. Self-esteem may be affected, leading to acceptance of destructive relationships.
  12. Trust may be severely impaired. This can affect both intimate relationships and relationships with service providers such as medical clinicians.
  13. Survivors are at greater risk of revictimization. Revictimization reduces safety.
  14. Survivors who are pregnant, give birth, or breastfeed may fear a loss of control or be triggered by these experiences.
  15. Survivors have increased general health and mental health problems, which can affect reproductive health and sexuality as well as the need for health care.

# Strategies for Sexual Assault Advocates

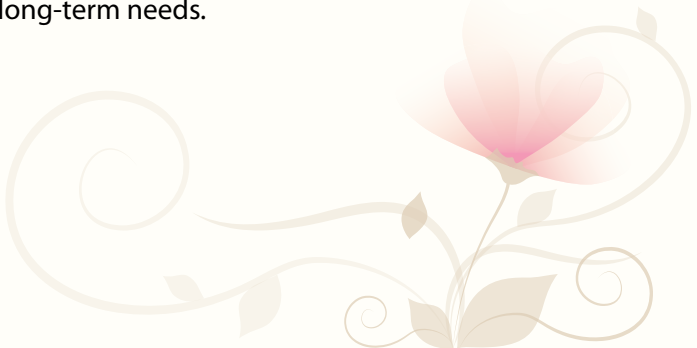
1. Educate yourself, your colleagues, and other service providers about the intersections between sexual abuse/assault and reproductive health.
2. Understand that the reproductive health needs of sexual assault and abuse survivors extend far beyond the forensic exam which takes place in the immediate aftermath of victimization.
3. Remember reproductive health concerns affect survivors of all ages and sexes.
4. Learn about cultural practices, norms, and beliefs of the groups you serve (based on ethnic identification, sexual orientation, age, and local culture).
5. Ask appropriate intake and safety questions.
6. Help ensure that survivors receive timely assistance with emergency contraception, "stealth" contraception, prenatal and postpartum concerns, childbirth, and other reproductive health care.
7. Discuss barriers to receiving services and work with survivors and system partners to overcome those barriers.
8. Offer accompaniment to medical appointments beyond the forensic exam.
9. Help survivors make informed decisions about who to tell, when to sign a Release of Information, and other confidentiality issues.

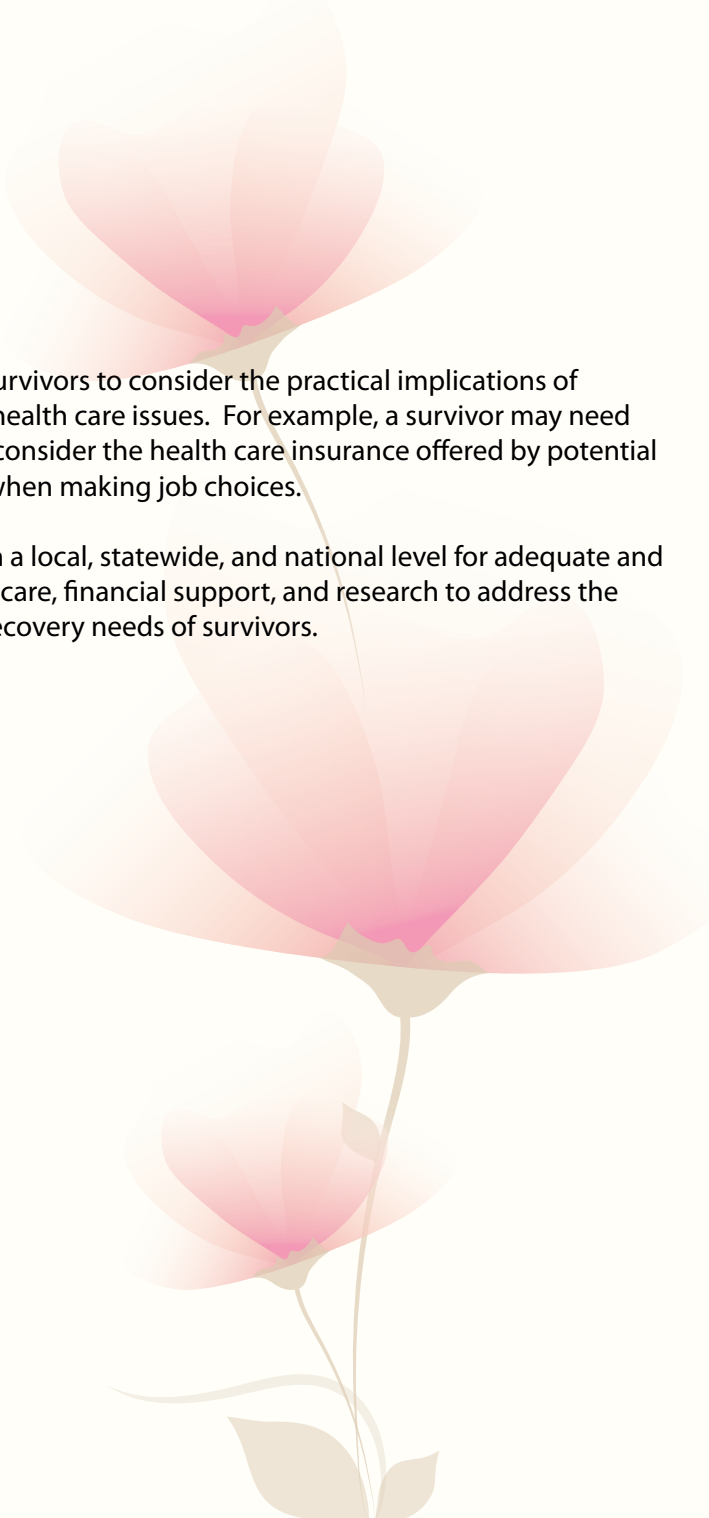


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10. Work with parents to help them promote healthy sexuality and reproductive health.
  11. Integrate information about reproductive and sexual health into support groups and outreach programming.
  12. Coordinate with domestic violence advocates and programs, especially around Intimate Partner Sexual Violence (IPSV) and reproductive coercion issues.
  13. Know the legal consequences (if any) of various forms of reproductive or sexual coercion and educate survivors.
  14. Offer a variety of informational materials through website links, handouts, and library items.
  15. Build strong partnerships and provide supported referrals to survivors.
    - Get to know a variety of practitioners.
    - Cross-train to learn what they can and can't offer, and to help them understand what you can offer to survivors.
    - Help survivors with navigating service systems and making connections to other service providers.
    - Offer private places for survivors to make calls and look up services online.
    - Think "outside the box" - doulas, midwives, massage therapists, lactation consultants, childbirth educators, school personnel, child support prosecutors, Planned Parenthood, public and school health, campus health centers, behavioral health providers, and others.

# How Advocates Can Address the Long-Term Health Care Needs of Survivors

1. Recognize that stress and trauma can contribute to a wide variety of long-term physical and emotional ailments.
2. Identify providers in your community who provide sensitive, culturally relevant, knowledgeable medical and mental health care.
3. Learn about challenges survivors face so you can provide adequate support. For example, pregnancy and the postpartum period are often very difficult for sexual abuse survivors.
4. Educate survivors about the general connections between sexual abuse or assault and long-term consequences. Do not attempt to make the connection for or about a specific survivor – “Your migraines are probably caused by your abuse history.” This is inaccurate and is overstepping the advocacy role.
5. Familiarize yourself with resource information, such as details about the Crime Victims Compensation Program and children’s health care initiatives.
6. Inform local health care providers about these issues and communicate with them to increase their capacity to respond to survivors’ long-term needs.



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7. Work with survivors to consider the practical implications of addressing health care issues. For example, a survivor may need to carefully consider the health care insurance offered by potential employers when making job choices.
  8. Advocate on a local, statewide, and national level for adequate and appropriate care, financial support, and research to address the long-term recovery needs of survivors.



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